## EXHIBIT C

Cit o			· · · · · · · · · · · · · · · · · · ·		
UNITED STAI	LS BANKRUPTCY COURT	D	ISTRICT OF	PROOF OF CLAIM	
Name of Dubtor					
MSA G	SHMERCIAL MORTGAGE		BK-S-06-10725	שלינים ג	
			DK-3-06 10125	CETTVED AND FILED	
NOTE This form	should not be used to make a claim for an admini	<b></b>	who we will the committee when	ent	
of the case A	request for payment of an administrative expense ma	y be filed			
Name of Contract	· / T			<del>2981 </del> √UG 14 P ≒ 24	
	(The person or other entity to whom the		neck box if you are aware that anyor se has filed a proof of claim relating		
debtor owes mon	RUST DATED 7/5/00	VO	our claim Attach copy of statement	C D LIKEUETCY COURT	
APG		1 011	ving particulars	ATRICIA GRAY CLERK	
96 AUC	X G. GASSIOT, TRUSTE	t. T	neck box if you have never received		
	ss where notices should be sent		tices from the bankruptcy court in t	•	
	GIGASSIOT	cas	• •		
3710	LOVER WAY		eck box if the address differs from t		
TOPREN	0, NV 89509		dress on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONE	
Telephone numb	77-26 2700		court.	1,111,011,011,011,011,011,011	
	f account or other number by which creditor		eck here  replaces		
identifies debtor	? (CHENT# 1) 5270)	ıft	this claim amends a previously	filed claim dated	
1 Basis for C	Claim		☐ Retiree benefits as defined	1 1 1 1 1 C C 8 1 1 1 4 (a)	
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			☐ Wages salaries and comp Last four digits of your SS		
	es performed y loaned		Unpaid compensation for		
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2 Desertable	1	3			
/	was incurred		If court judgment, date obtain	ned	
	6/20/05 10/24/05 3/01/01				
4 Classification	of Claim. Check the appropriate box or boxes the	at best de	scribe your claim and state the amo	unt of the claim at the time case file	
See reverse sid	e for important explanations		Secured Claim		
Unsecured Non	priority Claim \$				
Check this	box if a) there is no collateral or lien securing your	· claum o	Check this box if your cla	im is secured by collateral (including	
b) your claim exc	eeds the value of the property securing it or if c) r claim is entitled to priority	one or	a right of setoff)		
only part of your	claim is entitled to priority		Brief Description of Colla	nteral	
Unsecured Prior	nty Claim		Real Estate 🗆 Mo		
	•		Value of Collateral \$_		
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_				charges at time case filed included in	
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Specify the priority of	of the claim		Lin to \$2 225* of demonstrational	purchase lease or rental of property	
			or services for personal family or		
Domestic sup	port obligations under 11 USC § 507(a)(1)(A) or		§ 507(a)(7)	nouscilota asc 11 0 5 C	
(a)(1)(B)			Taxes or penalties awed to govern	mental units - 11 U S C § 507(a)(8)	
☐ Wages, salarıc	es, or commissions (up to \$10,000),* earned within	100			
Gavs before filing	of the bankrupicy petition or cessation of the debtoer is earlier 11 U S C § 507(a)(4)	rs 🗀	Other - Specify applicable paragra		
_			mounts are subject to adjustment on	4/1/07 and every 3 years thereafter	
☐ Contribution	s to an employee benefit plan - 11 USC § 507(a)	(5)	with respect to cases commenced of	on or after the date of adjustment	
5 Total Amou	unt of Claim at Time Case Filed		2500 60 +	- 250.260+	
•		3	(unsecured) (secured)	(priority) (Tatal)	
Check this bo	x if claim includes interest or other charges in additional charges.	tion to th	e principal amount of the claim A	(priority) (Tôtal) tach itemized statement of all	
6. Credits Ti	e amount of all neuments on the claim has been				
making this pro	ne amount of all payments on this claim has been o	3 2031123 1	ind deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY	
7 Supporting D	ocuments Atlach copies of supporting document	us, such	as promissory notes, purchase	1	
orders invoices	itemized statements of running accounts contract	ts, court j	judgments, mortgages, security		
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS. If the					
documents are	not available explain If the documents are volum	inous att	tach a summary		
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self.					
addressed envel	addressed envelope and copy of this proof of claim				
Date /	Sign and print the name and title if any, of the	creditor	or other person authorized to	i	
8/11/06	this claim (attach copy of power of attorn	ey, if any	<i>'</i> )		
- / /	ALEX F. GASSI	$\mathcal{I}$	, TRUSTEE		
			_	USA CMC	
				3 # # # #	

FORM B10 (Official Form 10) (10/05)		
UNITED STATES BANKRUPTCY COURT	DISTRICT OF	PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE	Case Number  CA - 10725-	PROOF OF CLAIM
NOTF This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense in	isualive expense analis alici ine commenceme	ik .
Name of Creditor (The person or other entity to whom the debtor owes money or property)  APG TRUST DATED 7/5/00  Constant of the person or other entity to whom the debtor owes money or property)  APG TRUST DATED 7/5/00  Name and address where notices should be sent  ALEX 6, 6ASS10T	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received a notices from the bankruptcy court in the	iny PTC CC
3710 CLOVER WAY RENO, NV 89509 Telephone number 775-826-8280	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS HOR COURT USE ONE
Last four digits of account or other number by which creditor identifies debtor ? (CLENT#1D 52.70)	Check here replaces  If this claim amends a previously	filed claim dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined a Wages salaries and compe Last four digits of your SS Unpaid compensation for so from	nsation (fill out below) # ervices performed
2. Date debt was incurred 5/3/04, 6/20/05 10/24/05 3/01/06	3. If court judgment, date obtain	ed
4 Classification of Claim. Check the appropriate box or boxes that See reverse side for important explanations  Unsecured Nonpriority Claim \$	Claim, or one or  Claim, or a right of setoff)  Brief Description of Collate  Real Estate	or is secured by collateral (including cral of Vehicle Other————————————————————————————————————
Total Amount of Claim at Time Case Filed	250260+	250,260 +
Check this box if claim includes interest or other charges in addition interest or additional charges.  Credits The amount of all payments on this claim has been cremaking this proof of claim  Supporting Documents: Attach copies of supporting documents, orders, invoices itemized statements of running accounts, contracts, agreements, and evidence of perfection of hen DO NOT SEND of documents are not available, explain If the documents are volumined Date-Stamped Copy To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim  Sign and print the name and title, if any, of the confile this claim (attach copy of power of attorney,	such as promissory notes purchase court judgments, mortgages, security prices processes a stamped self-reditor or other person authorized to	THIS SINCE IS IN COURT US ONLY  FILED date  8 17 106  USA CMC
Penalty for presenting froudules		1077500004

	Case	. 06-	ا 10/2	o-gwz Doc 8	805	PRO	OF OF CLAIM	<del>16:07 Pag</del>	<del>e 4 of 12</del>
	of Debtor				C	Case Nu	mber		
US	A COMMERC	IAC	Mo	COLAGE		de	1072S-LBR		
This for ansing a administ	See Reverse for List of me should not be used after the commencementative expense may be	to mak ent of the e filed	e a clair ne case pursuar	n for an administrati\ A "request" for payı	re expe ment of	ense f an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name	of Creditor and	Addr	<b>08</b> 8	<b>14004044</b>			statement giving particulars		
	WILLIAM A B 7431 DORIE WEST HILLS	DR			001880		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DEE If you have aire Bankruptcy Court	pady filed a proof of claim with the or BMC you do not need to file again
	Telephone Number (						court	THIS SPAC	E IS FOR COURT USE ONLY
Last fou	r digits of account or	other n	umber b	y which creditor iden	itifies d	ebtor	Check here replace or if this claim amer	a previously	filed claim dated
1 BASI	S FOR CLAIM					Retiree i	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	oods sold ervices performed		ersonal : axes	injury/wrongful death		-	salanes, and compensation ( r digits of your SS #	fill out below)	Other claims against service (not for loan balances)
1.7	oney loaned	_		scnbe bnefly)			compensation for services pe	rformed from	to
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4 CLA	E DEBT WAS INCUR SSIFICATION OF CL	AIM (	Check the	appropriate box or box	ces that		OURT JUDGMENT, DATE Of the your claim and state the amo		he time case filed
	everse side for important			Class and			SECURED CLAIM		
Ch exc	CURED NONPRIORIT eck this box if a) there is ceeds the value of the pri titled to priority	no coll	ateral or	lien securing your claim	or b) y art of you	our claim ur claim is	a right of setoff)		red by collateral (including
	URED PRIORITY CL	AJM					Brief description of	_	П
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-	ecify the priority of the cl			a a mame (1/4)/4) /-)/	414B)		_		
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	siness whichever is earl					_ 	Taxes or penalties owed to go Other - Specify applicable par		* ''''
☐ c <sub>0</sub>	ontributions to an employ	ee bene	fit plan	11 U S C § 507(a)(5)			* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 an	nd every 3 years thereafter
	AL AMOUNT OF CLA	UM :	\$ _6	64,000	\$		\$		\$ 544,000
	TIME CASE FILED			(unsecured)		•	secured)	( priority)	(Total)
Che	eck this box if claim incl	udes int	erest or	other charges in addition	on to the	e principal	amount of the claim Attach ite	emized statement o	f all interest or additional charges
7 SUF	PPORTING DOCUM	MENTS	A <i>ttaci</i> rt judgm	h copies of supportin	<i>a docui</i> curity a	<i>ments,</i> s greemen	deducted for the purpose of n uch as promissory notes pur ts, and evidence of perfection are voluminous, attach a su	chase orders, inv n of lien DO NO	oices, itemized statements of
8 DAT				• •			your claim, enclose a stampe	•	envelope and copy of this
ACC	CEPTED) so that it is each person or entity	actua	lly recei	ived on or before 5	00 pm,	prevaili	or hand delivered (FAXES h ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BM	ernmental units) MAIL TO C Group USACM Claims Doo	keting	Center			BMC Gro	AČM Claims Docketing Cente	ar	
_	) Box 911 Segundo, CA 90245-09	911					st Franklin Avenue ado, CA 90245	FII	ED JAN 16 2007
DATE			and prior	the pame and title if ar	ny of the	e creditor o	or other person authorized to file		
//,	1/07	M				, unij)			USA CMC
Donat.	for an annual man front of the of	dalm -		to \$500 000 a	denom-	of for un to	Simon or both 401100 cc	152 AND 2574	10/200239/

	The same of the	PRO	OF OF CLAIM			
Name of Debtor	A STATE OF THE STA	Case Nu				
	14'L MORTGAGE Co		072 <b>6</b> -LBR			
This form should not be used after the commercem	of Debtors and Case Numbers to make a claim for an administrative ent of the case. A "request" for paymore filed pursuant to 11 U.S.C. § 503		Check box if you are swere that anyone close hits filed a proof of cleim relating to			
Name of Creditor and	Address		your claim. Attach copy of statement giving particulars.			
3301 SKYLINE Rend, NEUAD.	4 89509-6604	CET VRUST	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address on the anvelope sent to you by the pour.	SECURED INTER ONE OF THE DEE If you have aim Bankruptcy Court	IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT INCHES INCHES OF BINC YOU do not need to file again E IS FOR COURT USE ONLY	
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Services performed	Texes	<u></u>	salaries, and compensation (i digits of your SS #	(Woled tuo fil	Other claims against servicer (not for loan belances)	
Money loaned	Other (describe briefly)	Unpeld o	ompensation for services pe	rformed from	to	1
	SEE EXIBIT A ATTACI				(date) (ciate)	
2 DATE DEBT WAS INCUR 4 CLASSIFICATION OF CL See reverse side for important	AIM Check the appropriate box or boxe		OURT JUDGMENT, DATE Of the your claim and state the amount		he time case filed	
UNSECURED NONPRIOR!	TY CLAIM \$ 509 335, 71		SECURED CLAIM	al in a sauce	and her neithborn! /inchesion	
Check this box if a) there is	s no collateral or lien securing your claim, t	or b) yourdaim	a right of setoff)	BEL CIBILD 19 BRCM	ad by collateral (including	
arritified to priority	operly securing it, or if c) none or only part	iorycor camin n	Brief description of	collateral		1
UNSECURED PRIORITY CL			PRost Estate	Motor Vehicle	Other	
entitled to priority	en uneecured cialm ell or pert of which is		Velue of Collateral	* UMEN	Nwa	
Amount entitled to priority  Specify the priority of the of	\$ leim:		Amount of amearage at secured claim if any	nd other charges	at time case filed included in	
F	na under 11 U.S.C. § 507(a)(1)(A) or (a)(1)	(B)	Up to \$2 225° of deposits town	•	,	1
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business, whichever is earl	fer 11 USC § 507(4)(4) se benefit plan 11 USC § 507(a)(5)		Other Specify applicable par			1
Compensors to an employ	on the table balls is no a n & socialist		* Amounts are subject to adju with respect to cases commer			1
AT TIME CASE FILED	AIM \$ (unsecured)	\$ 502,335	71 \$502/3	33571 (priority)	\$ 5023357/ (Total)	
Check this box if claim inci	udes interest or other charges in addition	to the principal	amount of the claim. Attach ite	mized statement o	f all interest or additional charges	]
7 SUPPORTING DOCUM	of all payments on this claim has been MENTS <u>Attach cones of supporting</u> its court judgments mortgages sect cuments are not available explain. If	documents, su inty agreements	ich as promissory notes, pun si and evidence of perfection	chase orders, inv	olces, itemized statements of	
	To receive an acknowledgment				envelope and copy of this	
ACCEPTED) so that it is	pleted proof of claim form must be actually received on or before 5 th y (including individuals, partnershi	0 pm, prevailin ps. corporatio	ig Pacific time, on Novemb ins joint ventures, trusts a	er 13 2006 nd	THIS SPACE FOR COURT USE ONLY	
BMC Group Attn USACM Claums Doo	cketing Center	Attn USA	OR OVERNIGHT DELIVERY TO Up ACM Claims Docketing Cente & Extraction Avenues	) Y	FILED JAN 12	200
P O Box 911 El Segundo CA 90245-0		El Segun	t Frankliri Avenué do CA 90245			
DATE	SIGN and print the name and title if any this claim (attach copy of power of	of the creditor of	r other person authorized to file		LICA CARITA	i
1-9-07	W. toseph 1	ou Ci	t, Fruster	3	USA CAPITAL	
Penalty for presenting fraudulen	r claim is a fine of up to \$800,000 or impris	conment for up to	5 yellers, or both. 18 U.S.C. 55	162 AND 3577	1072600067	

01/06/2007 15 09 702-857-4381 DON VIRTE

FORM B10 (Official Form 10) (10/05)

United Staffs Bankruptcy Court	Dis	TRICT (	OF <u>Nevada</u>	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case	Number	06-10725-LBR	
NOTE This form should not be used to make a claim for an administrative expense ma				
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Donald C & Wanda Dunbar, trustees of the Dunbar RLT dated 11/21/1998	else you givi	has filed claim ng particu		
Name and address where notices should be sent Donald Dunbar 18124 Wedge Parkway #153	note	ces from	you have never received at the bankruptcy court in the the address differs from the	s
Reno, NV 89511 Telephone number 775-851-8278	the	court.	e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here is claim	replaces amends a previously	filed claim dated
Goods sold Services performed  Money loaned Personal injury/wrongful death Taxes  One Full-bit A		U W	etiree benefits as defined in lages salaries and compensate four digits of your SS and the salaries of your SS and the salaries of the salarie	nsation (fill out below)
Other See Exhibit A	3.	IC com	(date)	
Date debt was incurred November, 2005     Classification of Claim. Check the appropriate box or boxes the second sec			rt judgment, date obtain	
Unsecured Nonpriority Claim \$ 729,865 62  Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$	none or	a right	i of setoff)  Brief Description of Collat  Real Estate Moto  Value of Collateral \$	or Vehicle Other
Specify the priority of the claim  Domestic support obligations under 11 USC § 507(a)(1)(A) or	-	Up to \$2 or servic § 507(a)	es for personal family or	purchase, lease, or rental of property household use - 11 U S C
(a)(1)(B)  Wages, salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)	ors ∐ * <i>An</i>	Taxes or Other - Sounts are	penalties owed to governing pecify applicable paragrage subject to adjustment on	nental units - 11 U S C § 507(a)(8)  ph of 11 U S C § 507(a)()  4/1/07 and every 3 years thereafter  n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other charges in add	\$_ Intion to the	729,86 (tunsecum	(secured)	729,865 62 (priority) (Total) tach itemized statement of all
interest or additional charges.  6. Credits. The amount of all payments on this claim has been				THIS SPACE IS FOR COURT USE ONLY
making this proof of claim  Supporting Documents. Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien. DO NOT SENI documents are not available explain. If the documents are volunts.  Date-Stamped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim.	ents, such a icts, court j D ORIGIN minous, atti ling of you	ns promis udgment IAL DOO ach a sun r claim, e	isory notes, purchase is, mortgages, security CUMENTS If the mary enclose a stamped, self-	LED JAN 17 2007
Date  Sign and point the name and title of any, of the start of this claim (attach copy of power of attorn 1/8/07	ney, if any	or other	person authorized to	USA CMC

Case 06-10725-gwz Doc 8805-3	Entered 08/03/11 10:46	·07 Page 7 of 12		
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			
Name of Debtor	ase Number			
	06-10725-LBR			
USA Commercial Mortgage Company	U6-10725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exper arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address	an aware that anyone else has filed a proof of claim relating to your claim. Attach copy of William	YOU ARE ONLY OWED MONEY BY A BORROWER HOSE LOAN IS BEING SERVICED BY THE		
Table of Creditor and Address	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUND DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NONE OF THE DEBTORS  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file aga THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies de	otor Check here replaces			
7005	if this claim amends	a previously filed claim dated		
4 DACIG FOR CLAIM	Retiree benefits as defined in 11 U S C §	§ 1114(a) Unremitted principal		
Goods sold Personal injury/wrongful death Services performed Taxes	Vages salaries and compensation (fill of a compensation (fill of a compensation for services performance)	out below) Other claims against service (not for loan balances)		
		(date) (date)		
2 DATE DEBT WAS INCURRED Aug 2005 — Dec 2006 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that b	3 IF COURT JUDGMENT, DATE OBT			
See reverse side for important explanations		of the claim at the time case med		
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM  Check this box if your	claim is secured by collateral (including		
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your entitled to priority	ui ciaiiii			
UNSECURED PRIORITY CLAIM		_		
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral			
Amount entitled to priority \$		\$		
Specify the priority of the claim	secured claim if any \$ <	other charges <u>at time case filed</u> included in スパム <sub>ノ</sub> スパチ・ムウ		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		purchase lease or rental of property or		
Wages salanes or commissions (up to \$10 000)* earned within 180 days	services for personal family or ho	usehold use -11 U S C § 507(a)(7)		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		mental units - 11 U S C § 507(a)(8)		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other - Specify applicable paragra  * Amounts are subject to adjust me	ph of 11 U S C    § 507(a) ( ) ent on 4/1/07 and every 3 years thereafter		
E TOTAL AMOUNT OF CLAIM	with respect to cases commenced	on or after the date of adjustment		
AT THE VASE FILED	216,214,60 \$	\$		
(unsecured)		priority) (Total)		
Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been credite 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments, mortgages security agree DOCUMENTS If the documents are not available explain. If the documents are not available explain.	ents, such as promissory notes purchasements, and evidence of perfection of l	se orders invoices itemized statements of		
8 DATE-STAMPED COPY To receive an acknowledgment of the fi proof of claim	ling of your claim enclose a stamped se	elf-addressed envelope and copy of this		
The original of this completed proof of claim form must be sent b ACCEPTED) so that it is actually received on or before 5 00 pm, p for each person or entity (including individuals, partnerships, cor governmental units)  BY MAIL TO	revailing Pacific time, on November 1 porations, joint ventures, trusts and	3, 2006 THIS SPACE FOR COURT USE ONLY		
BMC Group Attn USACM Claims Docketing Center P O Box 911 13	/ HAND OR OVERNIGHT DELIVERY TO MC Group tn USACM Claims Docketing Center i30 East Franklin Avenue Segundo CA 90245	FILED JAN 0 8 2007		
DATE SIGN and print the name and title if any of the cithis claim (attach copy of power of attorney	reditor or other person authorized to file			
24 Dec 2006		USA CMC		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment is	or un to 5 years or both 1811 S.C. SS 450			
	or aprovisions of both 10030 99 1527	AND 3571 1072501884		

FORM B10 (Official Form 10) (10/05)

TOTAL DIO (OMCIOLI COM 10) (10/00)		
UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense in	istrative expense arising after the commencement ay be filed pursuant to 11 USC ६ 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property)  James Paul Goode  Name and address where notices should be sent	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any	
James Paul Goode 401 Puuhale Road Honolulu, Hi 96819	notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by	IIS SPACE IS FOR COURT USE ONLY
Telephone number 808-479-0627  Last four digits of account or other number by which creditor identifics debtor	the court.  Check here replaces of this claim amends a previously filed claim.	
I Basis for Claim  Goods sold Services performed  ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other  See Exhibit A	Retiree benefits as defined in 11 U S Wages salaries and compensation ( Last four digits of your SS # Unpaid compensation for services p from	S C § 1114(a) (fill out below)
2 Date debt was incurred January 1999	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes to See reverse side for important explanations  Unsecured Nonpriority Claim \$ 708,761.49  Check this box if a) there is no collateral or lien securing you be only part of your claim exceeds the value of the property securing it or if confly part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) of (a)(1)(B)  Wages salaries, or commissions (up to \$10,000),* earned with days before filing of the bankruptcy petition or cessation of the debt busing ss whichever is earlier - 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim  The Check this box if your claim is secured a right of setoff)  Brief Description of Collateral  Which is  Brief Description of Collateral  Walue of Collateral  Walue of Collateral  Sunknow  Amount of arrearage and other charges at secured claim if any \$7,354 09  Up to \$2 225* of deposits toward purchase or services for personal family or households of \$507(a)(7)  Taxes or penalties owed to governmental under the control of the control o	Other————————————————————————————————————
Total Amount of Claim at Time Case Filed  C heck this box if claim includes interest or other charges in adminterest or additional charges		708,761 49 y) (Total) nized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contral agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are voluted to be addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any of the file this claim (attach copy of power of attority).	ents such as promissory notes purchase acts court judgments, mortgages, security D ORIGINAL DOCUMENTS If the minous attach a summary FILED JAN 1 ing of your claim enclose a stamped self-	PACE IS FOR COURT USE ONLY
Pen iliv for presenting fraudulent claim Fine of up to \$500 000 or	imprisonment for up to 5 years or both 1811	USA CMC 1072501971

TOTAL DIO (Onicial) officios)					
UNITED STAFFS BANKRUPTCY COURT	DISTRICT OF	PROOF OF CLAIM			
Name of Debtor	Case Number	PROOF OF CLAIM			
USA COMHERCIAL MTG GO	BK-S-06-10725-4	310			
NOTF This form should not be used to make a claim for an admini	10.	EGILVELL ANIL ELLEN			
of the case. A request for payment of an administrative expense may					
		200 AUG 14 P 2 2h			
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone else has filed a proof of claim relating to				
debtor owes money or property)  JOAN B. GASSIOT 1987	your claim Attach copy of statement	S JANKRUPTCY COURT			
TRUST DATED 8/7/87		ATRICIA GRAY CLERK			
Name and address where notices should be sent	Check box if you have never received an	у			
JOAN B. GASSIOT	notices from the bankruptcy court in this	•			
4050 BITTER CREEK CT	Check box if the address differs from the				
RENO, NV 89509-0609 Telephone number 775-826-8280	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ON			
Last four digits of account or other number by which creditor	Check here replaces				
Identifies debtor (CHENT ID 5487)	if this claim amends a previously f	iled claim dated			
1 Basis for Claim	Retiree benefits as defined in	n 11 11 S.C. & 1114(a)			
Goods sold	☐ Wages salaries and comper				
☐ Services performed	Last four digits of your SS #	<u> </u>			
Money loaned	Unpaid compensation for se	rvices performed			
☐ Personal injury/wrongful death ☐ Taxes	from				
Other	(date)	(date)			
2. /Date debt was incurred / ,	3. If court judgment, date obtain	ed			
5/3/04 6/20/05 10/24/05					
4 Classification of Claim. Check the appropriate box or boxes the	at best describe your claim and state the amoun	nt of the claim at the time case fil			
See reverse side for important explanations	Secured Claim				
Unsecured Nonpriority Claum \$	Check this box if your claim	and an arranged by a collection of the collection of			
<ul> <li>Check this box if a) there is no collateral or lien securing your</li> <li>b) your claim exceeds the value of the property securing it, or if c) i</li> </ul>	r claim, or a right of setoff)	is secured by consterat (including			
only part of your claim is entitled to priority	Brief Description of Collate	ara l			
Unsecured Priority Claim	Real Estate  Moto				
•	V 100 00 100 11 00 1	50,000 Over			
Check this box if you have an unsecured claim all or part of we entitled to priority	MICH IS Kepterent	arges at time case filed included in			
Amount entitled to priority \$	secured claim, if any \$	argos <u>ar timo como ritos</u> merados in			
Specify the priority of the claim	Up to \$2 225* of deposits toward p or services for personal family or h				
Domestic support obligations under 11 USC § 507(a)(1)(A) of (a)(1)(B)	§ 507(a)(7)	lousehold use - 11 O S C			
	☐ Taxes or penalties owed to governm	ental units - 11 USC § 507(a)(8			
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte	1 180 🔲 Other - Specify applicable paragrap	h of 11 USC § 507(a)()			
days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 USC § 507(a)(4)	*Amounts are subject to adjustment on 4	1/1/07 and every 3 years thereafter			
Contributions to an employee benefit plan - 11 USC § 507(a)	(5) with respect to cases commenced on	or after the date of adjustment			
5 Total Amount of Claim at Time Case Filed	1520003	- 152,000 t			
Check this box if claim includes interest or other shares an add	(unsecured) (secured)	(priority) (Total)			
<ul> <li>Check this box if claim includes interest or other charges in addinterest or additional charges.</li> </ul>	nuon to the principal amount of the claim. Atta	ich itemized statement of all			
6. Credits The amount of all payments on this claim has been	credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY			
making this proof of claim					
7 Supporting Documents Attach copies of supporting docume	nts, such as promissory notes, purchase				
orders invoices itemized statements of running accounts contract	cts, court judgments, mortgages, security				
agreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are voluments are voluments are voluments.	OUNIGINAL DOCUMENTS If the				
8. Date-Stamped Copy To receive an acknowledgment of the fili					
addressed envelope and copy of this proof of claim	Jour claim choice a stampen, sell-				
Date / / Sign and print the name and title if any, of the	ne creditor or other person authorized to				
8/11/06 File this claim (attach copy of power of attorney if aliv)					
ALEX GOGAS	SIOT, ATTNY IN	USA CMC			
TACT for JOHN					
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or	impresonment for up to 5 years or both 10115	1072500154			

Case 06-107/5-0W/ Doc 8805-		erea 08/03/11 10:4	<del>ro.u/Pay</del>	G-TA-01-T5
LINITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OF OF CLAIM		
Name of Debtor	Case Num	iber		
154 Comercial Mortgage Company	06-	10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers / This form should not be used to make a claim for an administrative experience arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
LAWRENCE H TENGAN & LORRAINE K TENGAN REVOCABLE TRUST C/O LAWRENCE H TENGAN & LORRAINE K TENGAN		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	SECURED INTER	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
504 EDGEFIELD RIDGE PL HENDERSON NV 89012-4543	10	Check box if this address	ONE OF THE DEE	eady filed a proof of claim with the
Telephone (702) 645 - 4284		differs from the address on the envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number ( )		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	debtor	Check here replace or fithis claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree be	nefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, sa	alaries, and compensation (i	fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes		ligits of your SS #		(not for loan balances)
Money loaned Other (describe briefly)  See Exhibit A	Unpaid co	mpensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED	la IF CO	URT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 253, 262,45  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority		a nght of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	_	<b>—</b> 04
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority		Value of Collateral		inown
Amount entitled to priority \$		Amount of arrearage ar secured claim, if any		at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	L	<del></del>	
Wages salanes or commissions (up to \$10 000)* earned within 180 days	L	Up to \$2 225* of deposits toward services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go		• ' ' ' '
Contributions to an amployee benefit plan - 11 U S C § 507(a)(5)	Ц	Other - Specify applicable para	• •	- ' ' ' '
		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 253 262,45\$		162,45 \$	7	1 253, 262.45
(unsecured)	-	cured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal a	mount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts, contracts court judgments, mortgages security a DOCUMENTS If the documents are not available explain. If the d	<u>uments,</u> suc agreements documents a	ch as promissory notes, pure and evidence of perfection are voluminous, attach a sui	chase orders, inv of lien DO NO mmary	oices itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e ming or yo	и ианн, епиоѕе а ѕатре	u sen-audressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, covernmental units)	i, prevailing	p Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND C	R OVERNIGHT DELIVERY TO	)	
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Cente	er	1072502174
P O Box 911 El Segundo CA 90245-0911		Franklin Avenue o CA 90245	Bres 5   Eine 6	1 M N 1 1 0 7007
DATE SIGN and print the name and title if any of the	ne creditor or		FILE	JAN 12 2007
1/10/07 Lawrence W Lengar Len	ney (fany) Lle . :	Lorrune N. Tena	un Tuester	

FORM B10 (Official Form 10) (10/05)

FORM BIG (Official Form 10) (10/05)					
UNITED STATES BANKRUPTCY COURT	Dı	STRICT (	F Nevada	BBOOL	OF OLAIRA
Name of Debtor	Case	Number		PROOF (	OF CLAIM
USA Commercial Mortgage Com	BRI				
NOTE. This form should not be used to make a claim for an admini	strative ex	pense arisi	ng after the commencer	nent	
of the case. A request" for payment of an administrative expense ma	ay be filed	pursuant i	10 11 USC. § 503		
Name of Creditor (The person or other entity to whom the		ck boy if	you are aware that anyo		
debtor owes money or property) Date as Minder	elsc	has filed	a proof of claim relatin	g to	
I Elizabeth F. Minter Trustees of	you	r claim A ing particu	Attach copy of statemen	t	
Minter Family 1994 Trust	m *'''	••	you have never received		
Name and address where notices should be sent Minter Family 1994 Trust			the bankruptcy court in		
che Dougles Alinder & Floodelle Un	Case				
clo Douglas Minter & Elkabeth Min 5389 Conte Dr. Carson City, W Telephone number 775-484-1683 8970	add		the address differs from e envelope sent to you b		
	the	court.		THIS SPACE IS FOR C	COUKT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here	replaces		
identifies deoloi	irth	us claum	amends a previous	ly filed claim dated	
1 Basis for Claim		Re	tiree benefits as define	d in 11 USC § 1114(a)	)
Goods sold		☐ Wa	ages salaries, and com	pensation (fill out below	·)
Services performed Money loaned			st four digits of your S ipaid compensation fo		
Personal injury/wrongful death		_		-	
Taxes See Ethebet A		110	m(date)	to (date)	
	-12	<del></del>			
2. Date debt was incurred September 2003	3	If cour	t judgment, date obti	ined	
4 Classification of Claim Check the appropriate box or boxes th	at hest des	cnhe vous	claim and state the an	count of the closer of the	tores and Glas
See reverse side for important explanations. Unsecured Nonpriority Claim \$622,044.87	an trai tra		ed Claim	sount of the claim at the	time case title
Unsecured Nonpriority Claim \$622,044.87					
Check this box if a) there is no collateral or lien securing your	r claim, or	a right	Theck this box if your cl of setoff)	aim is secured by collater	al (including
b) your claim exceeds the value of the property securing it or if c) in only part of your claim is entitled to priority	none or	_		• . •	
Unsecured Priority Claim		_	Brief Description of Col		
[ r-m				otor Vehicle   Othe <b>Unknown</b>	tr
Check this box if you have an unsecured claim, all or part of we entitled to priority	hich is				
Amount entitled to priority \$		secured	claim if any \$93	charges at time case file	d included in
Specify the priority of the claim					
	_	or service	s for personal family,	d purchase, lease, or rent or household use - 11 U S	al of property S.C.
Domestic support obligations under 11 USC § 507(a)(1)(A) of (a)(1)(B)		§ 507(a)(	7)		
Wages salaries, or commissions (up to \$10 000),* earned within				nmental units - 11 USC	
days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U.S.C. § 507(a)(4)	or's			raph of 11 U.S.C. § 507(	
		ounts are	subject to adjustment of	n 4/1/07 and every 3 year	rs thereafter
Contributions to an employee benefit plan - 11 U S C. § 507(a)	(5)	wan respe		on or after the date of a	
5 Total Amount of Claim at Time Case Filed	3	(unsecured	9447 62209 (secured)	(property) (	Z,044.8
Check this box if claim includes interest or other charges in addinterest or additional charges.	ition to the	principal	amount of the claim	(priority) (* Attach itemized statemen	lotal) t of all
6 Credits The amount of all payments on this claim has been					
making this proof of claim	CI ECITICO AI	ia asancti	ed for the purpose of	THIS SPACE IS FOR COU	rt Usi Only
7 Supporting Documents Attach copies of supporting document	nts. such a	s promiss	ory notes nurchase		
orders invoices itemized statements of running accounts, contract	cts, court o	udements.	mortgages, security		
agreements and evidence of perfection of iten DO NOT SENI	D ORIGIN	AL DOC	UMENTS If the		
documents are not available, explain If the documents are volum	ninous, atta	nch a sum	mary	4	בחחב ב
<ol> <li>Date-Stamped Copy To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim</li> </ol>	ng of you	claım, en	close a stamped self-	FILED JAN 1	ם בטטין
Date Sign and print the name and title, if any, of the	e creditor	or other n	erson authorized to	-	
file this claim (attach copy of power of attorr	ney if any	)	orgon autiOHZEU (O		
1/10/07 1 6 6 -1 -	.1	-K	1	I	
Houghes Mul	فس	Irus	tees	USA CMC	; <b></b>
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	mprisonme	nt for up	to 5 years or both 18	1072502383	

EORM B10 (Official Form 10) (10/05)

POTAN BIO (Chiciai i chii 10) (1000)						
United States Bankruptcy Court	Dis	TRICT	OF	Nevada		PROOF OF CLAIM
Name of Debtor	Case	Number	r			, the way with which third
USA commercial Mortgage Longan	$\frac{1}{1000}$					
NOTE This form should not be used to make a claim for an adminis	strative exp	ense ar	ising	after the commencemen	t	
of the case. A request for payment of an administrative expense ma	y be filed	pursuan	t to	II USC § 503		
Name of Creditor (The person or other entity to whom the				ou are aware that anyone		
debtor owes money or property) $O/aa$ () $Buch$				proof of claim relating to ach copy of statement	'	
Trustee of the Olga O'Buch Trust aated	givi	ng parti	cula	rs	ł	
Name and address where notices should be sent				ou have never received and the bankruptcy court in the		
Olga O'Buch 140 Gazelle Rd	case	٠.		• •	I	
140 Gazelle Kd				e address differs from the envelope sent to you by		
Reno, NV Telephone number (775) 851-4154	1	court.	HIC C	envelope sent to you by	1	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	•		_	replaces	د ادمان	our dated 12-9-06
identifies debtor	et th	ıs claın				arm dated <u>/2-9-06</u>
1 Basis for Claim				ree benefits as defined		
Goods sold		Ц	wag Last	es salaries and compe four digits of your SS	#	(IIII OUL DCIOW)
Services performed Money loaned				aid compensation for s		performed
Personal injury/wrongful death			fron	n(date)	to	
Other SPE Exhib + H				(date)		(date)
2 Date debt was incurred	3.	If co	urt	judgment, date obtau	aed	
February 2004						
4 Classification of Claim Check the appropriate box or boxes th	at best des	cnbe y	our o	claim and state the amou	unt of t	the claim at the time case filed
See reverse side for important explanations		Sec	ured	l Claim		
Unsecured Nonpriority Claim \$ 253,70/76	m aları	10	Ch	neck this box if your clai	m is sec	cured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	none or	arış	ght o	of setoff)		
only part of your claim is entitled to priority		4		nef Description of Colla		. 🗖 🔐
Unsecured Priority Claim		Ì		Real Estate Mot		
Check this box if you have an unsecured claim all or part of ventitled to priority	which is	1.		_		
		Section	ount ired	of arrearage and other claim if any \$ 39	narges <i>01. S</i>	at time case filed included in
Amount entitled to priority \$		L			<del></del>	
Specify the priority of the claim		Up to or serv	\$2 2 vices	25° of deposits toward for personal family or	purcha: housel	se lease or rental of property hold use - 11 USC
Domestic support obligations under 11 USC § 507(a)(1)(A) of (a)(1)(B)	<b>  </b>	§ 507				
Wages salaries or commissions (up to \$10 000),* earned within	<sub>.</sub> ,		•	_		units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U S C \( \frac{5}{2}\) 507(a)(4)	ors 🔲		_	ecify applicable paragra	_	
	2.,					and every 3 years thereafter fer the date of adjustment
Contributions to an employee benefit plan - 11 U S C. § 507(a						
5 Total Amount of Claim at Time Case Filed	\$	رک کرار (Unsex		76 253/201-76 (secured)	(prio	253,761-76 (Total)
Check this box if claim includes interest or other charges in add	dition to th		,	(4444,		
interest or additional charges  6 Credits The amount of all payments on this claim has been	orgalita d	nd dad	inot-	d for the summer of	T	
making this proof of claim	creanea a	uia asa	wete	a for the burbose of	Tens	SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docum	ents, such	as pror	nisso	ory notes, purchase		
orders invoices itemized statements of running accounts contra	acts court	judgme	ents	mortgages security		
agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are volu						
8 Date-Stamped Copy To receive an acknowledgment of the fi	-					JAN 11 2007
addressed envelope and copy of this proof of claim.					JILLI	JAN II COO'
Date Sign and print the name and title if any, of the sign of the	he credito	r or oth	er p	erson authorized to		
file this claim (attach copy of power of attorney, if any)  0 9 a 0 Buch  (All 1)						
Trustee /	6016	Per	h	: Truster	[	USA CMC
Penalty for presenting fraudulent claim Fine of up to \$500,000 or	ımprısonm	ent for	UD		JSC	1072502121
			~~	·· ~ Jome of oour 10 C		10,2000.